## Agenda Item Form Agenda Date: 5-4-04 **Districts Affected: Dept. Head/Contact Information:** \_\_Jorge C. Magana, MD, FAAP, Director Type of Agenda Item: Resolution ☐Staffing Table Changes ☐ Board Appointments Tax Installment Agreements ☐Tax Refunds □ Donations ☐RFP/ BID/ Best Value Procurement ☐Budget Transfer ☐ Item Placed by Citizen ☐Bldg. Permits/Inspection ☐Introduction of Ordinance Application for Facility Use ☐Interlocal Agreements ☐ Contract/Lease Agreement ☐Other \_ **Funding Source:** General Fund ☐Grant (duration of funds: \_\_\_\_ Months) Other Source: \_ Legal: ☐ Approved □ Denied ☐ Legal Review Required Attorney Assigned (please scroll down): None Timeline Priority: □High # of days:\_\_ Medium Low Why is this item necessary: — Funds will be utilized to fund a construction and renovation project for clinical space. Explain Costs, including ongoing maintenance and operating expenditures, or Cost Savings:

**Statutory or Citizen Concerns:** 

**Departmental Concerns:** 

## RESOLUTION

## BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT the Mayor be authorized to sign a grant application to the U.S. Department of Health and Human Services Administration for a grant in the amount of TWO HUNDRED FORTY-SIX THOUSAND AND NO/100 DOLLARS (\$246,000.00) to be utilized to fund a Construction and renovation project for clinical space, on behalf of the City County Health and Environmental District. There will be no matching funds required for this grant.

PASSED AND APPROVED this 4th day of May, 2004.

Joe Wardy Mayor

CITY OF EL PASO

ATTEST:

Richarda Duffy Momsen City Clerk

APPROVED AS TO FORM:

Teresa Garcia

Assistant City Attorney

APPROVED AS TO CONTENT:

Jorge C. Magaña, M.D., F.A.A.P., Director City County Health & Environmental District

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED	2. DATE SUBMITTED					
TYPE OF SUBMISSION:     Application	Pre-application	3. DATE RECEIVED BY	STATE	State Application Idea	ntifier			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier				
Non-Construction	Non-Construction	1	. adding round	i odorar identinor				
5. APPLICANT INFORMATION	1							
Legal Name:			Organizational U	nit;				
City of El Paso			Department:					
Organizational DUNS: 058873019			El Paso City-County Health District  Division:					
Address:			-					
Street: 2 Civic Center Plaza 10th Floor			Name and telephone number of the person to be contacted on matters involving this application (give area code)					
City:			Prefix: First Name:					
El Paso County:			Mr. Mark Middle Name:					
El Paso County			A.					
State:		IP:	Last Name:					
Texas	7	79901	Everett					
Country:			Suffix:					
United States  B. EMPLOYER IDENTIFICATION	ALMIMPED (500)		M.B.A.					
	7 4 9		Phone Number (gives) (915) 771-580		FAX Number (give area code): (915) 771-5729			
B. TYPE OF APPLICATION:	<del></del>			·	orm for Application Types):			
	New 🔽 Conti	nuation Revision	C. Municipal					
f Revision, enter appropriate let See back of form for description			Other (Specify):					
Other (Specify):								
			9. NAME OF FEDERAL AGENCY: Health Resources and Services Administration					
0. CATALOG OF FEDERAL D	OMESTIC		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
ASSISTANCE NUMBER:	93 - 8	8 7	Public Health Building					
TITLE (Name of Program):	Health Care and	Other Facilities	1 ubile Health building					
2. AREAS AFFECTED BY PRO El Paso City and Count	OJECT (Cities, Countie							
3. PROPOSED PROJECT:	,,		14. CONGRESSIO	NAL DISTRICTS OF:				
tart Date:	Ending Da	te:	a. Applicant	THE BIOTHER OF	b. Project			
09/01/2004	08/30/2	2006	16th Congress	ional District	16th Congressional District			
5. ESTIMATED FUNDING:				N SUBJECT TO REVI	EW BY STATE EXECUTIVE ORDER 12372			
Federal		\$1,327,830.00	PROCESS?					
Applicant		\$4,740,253.00	a. YES. THIS	PREAPPLICATION/AP STATE EXECUTIVE O	PLICATION WAS MADE AVAILABLE TO RDER 12372 PROCESS FOR REVIEW ON			
State			DATE	<u>=</u> :				
Local			evenou.	GRAM IS NOT COVER	FD BY F O 12372			
Other					EEN SELECTED STATE FOR REVIEW			
			17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?					
TOTAL		\$6,068,083.00	YES If "	Yes," attach an explana	ution.			
		L DATA IN THIS APPLICATION/PRE	APPLICATION ARE I	RUE AND CORRECT, 1	THE DOCUMENT HAS BEEN DULY			
Authorized Representative	NING BODY OF THE AF	PPLICANT AND THE APPLICANT V	VILL COMPLY WITH II	HE ATTACHED ASSURA	ANCES IF THE ASSISTANCE IS AWARDED.			
efix 1r.	First Name Joe			Middle Name				
st Name	1006			Suffix				
st name Vardy				Guilla				
Title			-	c. Telephone Number	(give area code)			
layor			c. Telephone Number (give area code) (915) 541-4145					
Signature of Authorized Repres	entative		I	e. Date Signed				

APPROVED AS TO FORM:

Richarda Duffy Momsen, City Clerk City Attorney

OMB Approval No. 0348- 0041

## **BUDGET INFORMATION - Construction Programs**

COST CLASSIFICATION		a. Total Cost		b. Costs Not Allowable for Participation		c. Total Allowable Costs (Column a- b)	
Administrative and legal expenses	\$	32,130.00	\$	.00	\$	32,130.00	
Land, structures, rights-of-way, appraisals, etc.	\$	1,400,000.00	\$	1,400,000.00	\$	.00	
Relocation expenses and payments	\$	25,000.00	\$	.00	\$	25,000.00	
Architectural and engineering fees	\$	244,586.00	\$	.00	\$	244,586.00	
5. Other architectural and engineering fees	\$	9,000.00	\$	.00	\$	9,000.00	
6. Project inspection fees	\$	95,743.00	\$	.00	\$	95,743.00	
7. Site work	\$	.00	\$	.00	\$	.00	
8. Demolition and removal	\$	91,134.00	\$	.00	\$	91,134.00	
9. Construction	\$	3,581,911.00	\$	.00	\$	3,581,911.00	
10. Equipment	\$	300,070.00	\$	.00	\$	300,070.00	
11. Miscellaneous	\$	.00	\$	.00	\$	.00	
12. SUBTOTAL (sum of lines 1- 11)	\$	5,779,574.00	\$	1,400,000.00	\$	4,379,574.00	
13. Contingencies	\$	288,509.00	\$	184,614.00	\$	103,895.00	
14. SUBTOTAL	\$	6.068.083.00	\$	1,584,614.00	\$	4,483,469.00	
15. Project (program) income	\$	.00	\$	.00	\$	0.00	
16. TOTAL PROJECT COSTS (subtract #15 from #14)	\$	6,068,083.00	\$	1,584,614.00	\$	4,483,469.00	
	FEDER	RAL FUNDING					
<ol> <li>Federal assistance requested, calculate as follows:         (Consult Federal agency for Federal percentage share).         Enter the resulting Federal share.</li> </ol>							
Enter eligible costs from line 16c Multiply X (include decimal point in number)						1,327,830.00	

1) A statement that the "Health Care and Other Facilities" grant funding for your facility that was earmarked in the FY 2004 HRSA Appropriation is supplemental to the grant project that was approved by HRSA.

This "Health Care and Other Facilities" grant funding of \$246,000.00 is supplemental to the HRSA "Health Care and Other Facilities" grant project that was previously funded.

A. Typed Name of Authorized Representative: <u>Joe Wardy</u>	B. Title: Mayor
C. Signature Authorized Representative:	D. Date Signed
<u> </u>	
2) A revised application face sheet (Form 424) is included.	

- 3) A revised budget page (Form 424C) is included and has the total grant amount from all of the supplemental years, including FY 2004.
- 4) Proposed Method of Financing Non-Federal Share

The El Paso City-County Health and Environmental District is using funds allocated from the City of El Paso, Certificates of Obligations issuance of 2003 to finance the parts of the project that cannot be paid with federal funds. The amount of the issuance is \$5,822,083.00 and this phase is 99% complete. Note: Form 424C shows this allocation of funds.

5) Update of Significant Changes

There has been no significant changes in the program as described in the proposal dated June 24, 2003, however with this infusion of funds, additional health care areas at the Public Health Building will be designed and constructed.

Richarda Duffy Momsen
City Clerk

APPROVED AS TO FORM:

Toresa Garcia

Assistant City Attorney

APPROVED AS TO CONTENT:

City County Health'& Environmental Dist.

Magana, M.D., F.A.A.P., Dir.